

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4908</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Paul</u> <u>A</u> <u>Markwitz</u> P.O. Box, Bldg., Room No., if any _____ Street <u>6106 LaFrank Drive</u> City <u>Ontario</u> State <u>New York</u> ZIP Code + 4 <u>14519</u>	4. Name, file number, and address of labor organization. Name <u>IBT Local 791</u> Labor Organization File Number _____ P.O. Box, Building and Room Number, if any _____ Street <u>1354 Buffalo Road</u> City <u>Rochester</u> State <u>New York</u> ZIP Code + 4 <u>14624</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/4/05</u> Date	<u>585-328-1130</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. 

## 12.a. Nature of interest held or income received.

12.b. Amount. 

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Upstate NY Bakery &amp; IND. Pension Fund

Trade Name, if any: P.O. Box, Bldg., Room No., if any 

Street 109 S. Warren Street, Suite 1103

City Syracuse

State New York ZIP Code + 4 13202

## 14.a. Nature of payment.

BOARD of trustee  
meeting EXPENSES  
(see attached)

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

## 14.b. Amount of payment.

1340.86

Name of Person Filing **PAUL MARKWITZ****ATTACHMENT TO PAGE 2, PART C, FORM LM-30**

Name and address of business:

Name **Upstate NY Bakery Drivers & Ind. Pension Fund**  
Trade Name, if any:   
P.O Box, Bldg., Room No., if any:   
Street **109 S. Warren Street, Suite #1103, State Tower Bldg.**  
City **Syracuse**  
State **NY** Zip Code + 4 **13202**

Nature of Payment:

Reimbursement of expenses for a BOT Meeting in Orlando, FL from February 19 - 20, 2004, including travel, accommodations, meals & Incidentals.

Date of Payment

**3/2/2004**

Amount of Payment:

**\$1,106.85**

Nature of Payment:

BOT Meeting room, food and beverages for the 2-20-04 meeting in Orlando, FL.  
Hyatt Grand Cypress.

Date of Payment

**3/17/2004**

Amount of Payment:

**\$165.21**

Nature of Payment:

BOT Meeting room, food and beverages for the 4-05-04, meeting in Syracuse, NY  
Homewood Suites.

Date of Payment

**4/5/2004**

Amount of Payment:

**\$28.43**

Nature of Payment:

BOT Meeting room, food and beverages for the 10-14-04, meeting in Syracuse, NY  
Homewood Suites

Date of Payment

**10/14/2004**

Amount of Payment:

**\$40.37**

Nature of Payment:

Date of Payment

Amount of Payment:

